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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in Block 1, unless otherwise directed in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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21186 7590 01/10/2007

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathleen Hauser	(Depositor's name)
<i>Kathleen Hauser</i>	(Signature)
April 10, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/489,373	01/21/2000	Edward J. Koplar	2369.004US1	5751

TITLE OF INVENTION: INTERACTIVE OPTICAL CARDS AND OTHER HAND-HELD DEVICES WITH INCREASED CONNECTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	04/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALTARELLI, DOMINIC D	2623	725-023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page list up to 3 registered patent attorneys or agents OR, alternatively, 04/12/2007 <i>THE SHAW 2 00008101 89489273</i> <i>Schwegman, Lundberg, 01 FC:2501 2 Woessner &amp; Klut 700.00 OP 30.00 OP</i>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT** (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Koplar Interactive Systems International LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Louis, MO

d/b/a Veil Interactive Tec

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature / *Randy L. Canis* /

Date April 20, 2007

Typed or printed name Randy L. Canis

Registration No. 44,584

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